PTO/SB/22 (04-07)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 13024/35946		
For TREATMENT OF SYMPTOMS OF ASTHMA	, ALLERGIES AN	O OTITIS MEDIA		
Art Unit 1632		Examiner	M. C. V	/ilson
This is a request under the provisions of 37 CFR 1.1 identified application.			-	
The requested extension and fee are as follows (che	eck time period de	sired and enter the app	oropriate ⁻	fee below):
One would (07 OFF) 4 47()(4))	<u>Fee</u>	Small Entity Fee		
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$_	
x Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	525.00
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Payment by credit card. Form PTO-2038 is a The Director has already been authorized to charge a		application to a Depos	sit Accour	n+
Deposit Account Number 13-2855		/ be required, or credit losed a duplicate copy		payment, to
Deposit Account Number 13-2855 I am the applicant/inventor.	I have end	losed a duplicate copy		payment, to
Deposit Account Number 13-2855	I have end	losed a duplicate copy CFR 3.71.	of this sh	payment, to
Deposit Account Number 13-2855 I am the applicant/inventor. assignee of record of the entire	I have end e interest. See 37 3.73(b) is enclosed	losed a duplicate copy CFR 3.71. d. (Form PTO/SB/96).	of this sh	payment, to
Deposit Account Number 13-2855 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR 3	e interest. See 373.73(b) is enclosed egistration Number R 1.34.	losed a duplicate copy CFR 3.71. d. (Form PTO/SB/96).	of this sh	payment, to
Deposit Account Number 13-2855 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR: attorney or agent of record. Registration number if acting under 37 CFR.	e interest. See 373.73(b) is enclosed egistration Number R 1.34.	losed a duplicate copy CFR 3.71. d. (Form PTO/SB/96). er31,879	of this sh	payment, to
Deposit Account Number 13-2855 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR 3 attorney or agent of record. Reattorney or agent under 37 CFR 3 attorney or age	e interest. See 373.73(b) is enclosed egistration Number R 1.34.	losed a duplicate copy CFR 3.71. d. (Form PTO/SB/96). er31,879 Octobe	of this sh	payment, to
Deposit Account Number 13-2855 I am the applicant/inventor. assignee of record of the entire Statement under 37 CFR 3 attorney or agent of record. Registration number if acting under 37 CFR 3 Signature Jeffrey S. Sharp	e interest. See 373.73(b) is enclosed egistration Number R 1.34.	CFR 3.71. d. (Form PTO/SB/96). er	r 4, 2007 ate	payment, to
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I hereby certify that this paper (along with system in accordance with § 1.6(a)(4).	any paper referred	red to as being attached or enclosed) is being transmitted via the Office electronic filing	g
Dated: October 4, 2007	Signature:	(Jeffrey S. Sharp)	